



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

DENTON SURGICARE

**Respondent Name**

TX ASSOC OF COUNTIES RMP

**MFDR Tracking Number**

M4-16-3300-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

JUNE 27, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "At this time we are requesting that this claim be paid in accordance with the 2016 Texas Workers Comp Fee Schedule and Guidelines for Ambulatory Surgical Centers."

**Amount in Dispute:** \$2,898.96

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "the carrier's position is that it has made proper reimbursement for the services in dispute."

**Response Submitted by:** Parker & Associates, L.L.C.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 3, 2016	Ambulatory Surgical Care Services CPT Code 29827-LT	\$0.00	\$0.00
	Ambulatory Surgical Care Services CPT Code 29806-LT	\$2898.96	\$0.00
TOTAL		\$2,898.96	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.402, titled *Ambulatory Surgical Center Fee Guideline*, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 97-The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated.
  - 18-Exact duplicate claim/service.
  - 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
  - W3-Additional payment made on appeal/reconsideration.
  - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### **Issues**

Is the allowance for CPT code 29806-LT included in the allowance of CPT code 29827-LT?

### **Findings**

The requestor is seeking reimbursement for ambulatory surgical care services rendered to the claimant on March 3, 2016.

The requestor wrote "At this time we are requesting that this claim be paid in accordance with the 2016 Texas Workers Comp Fee Schedule and Guidelines for Ambulatory Surgical Centers."

The fee guideline for Ambulatory Surgical Care services is found in 28 Texas Administrative Code §134.402.

28 Texas Administrative Code §134.402(d) states,

For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section.

On the disputed date of service the requestor billed for codes 29827-LT, 29806-LT and 29826-LT.

- CPT code 29806 is defined as "Arthroscopy, shoulder, surgical; capsulorrhaphy." CPT code 29806 is classified as a non-device intensive procedure.
- CPT code 29827 is defined as "Arthroscopy, shoulder, surgical; with rotator cuff repair."
- CPT code 29826 is defined as "Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)."

The respondent denied reimbursement for CPT code 29806 based upon "97-The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated."

Per CCI edits, CPT code 29806 is a component of code 29827 and may not be billed together; however, a modifier is allowed to differentiate the service. The requestor appended modifier "LT-Left Side" to both codes, this modifier does not differentiate the service and support separate billing. The Division finds that the respondent's denial based upon reason code "97" is supported.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	09/29/2016
Signature	Medical Fee Dispute Resolution Officer	Date

### YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**